

MED - Administrative Functions - Staff Accessibility

Purpose: To ensure timely access to Medical Services staff members for Medicaid members and providers. Medical Services staff members may be reached by telephone, facsimile or email during regular business hours of 8:00 a.m. to 4:30 p.m. Monday through Friday with the exception of state holidays.

Identification of Roles:

Medical Services Staff Member - comply with the following procedures and respond to provider and member questions about the review process within one business day

Medical Services Call Center Attendant - answers incoming telephone calls and directs the caller to the appropriate Medical Services staff

Medical Services Operations Manager – Ensures staff availability and monitors responsiveness

Performance Standards:

- A caller will remain on hold less than two minutes after caller enters the Medical Services queue.
- Abandonment rate of less than five percent.

Path of Business Procedures:

Step 1: The Medical Services call center attendant will answer incoming calls. If the Medical Services call center attendant is on the line with another customer, the call is answered by an automated attendant. The customer is transferred to the Medical Services call center attendant when the Medical Services call center attendant becomes available. The caller may also leave a recorded voicemail. The Medical Services call center attendant will respond to the voicemail or forward it to the appropriate Medical Services staff. All voicemails are responded to within one business day.

The Medical Services call center attendant determines the nature of the caller's request and/or inquiry and forwards the call to the appropriate Medical Services review staff. The goal is to complete the telephone call at the time the call is received when possible. In the event a Medical Services staff member is not available to take a telephone call live, the caller is offered a confidential voicemail to leave clinical information or to request a return call. The confidential voicemail and facsimile systems are available 24 hours a day, seven days week. The voice mail messages and facsimile are monitored throughout each business day. Facsimiles are distributed no less often than every two hours.

Step 2: When answering the phone, Medical Services staff member will identify themselves by first name, program and title. Voicemail greeting should also include first name, program and title.

Step 3: Medical Services staff members will maintain access to operational procedures, desk guides, review information and IME contact information so they can answer caller questions.

Step 4: Outgoing communication related to utilization management will be made during providers' reasonable and normal business hours unless otherwise mutually agreed.

Step 5: Medical Services Operations Manager monitors telephone responsiveness through telephone reports and quarterly reports to the Telligent Quality Management Compliance Committee. Telephone performance standards include:

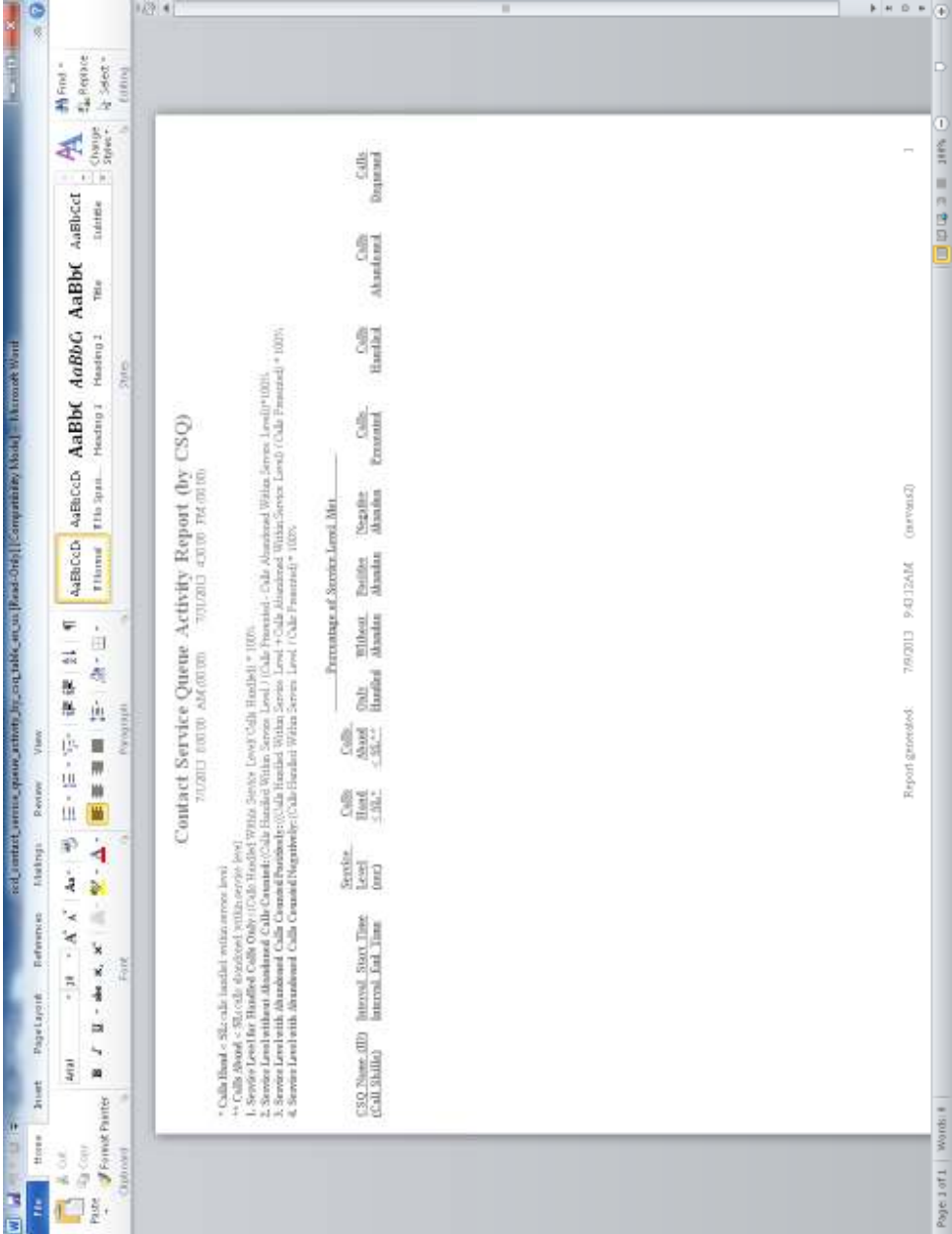
- a. Less than two minutes on hold after caller enters the Medical Services queue; and
- b. An abandonment rate of less than five percent.

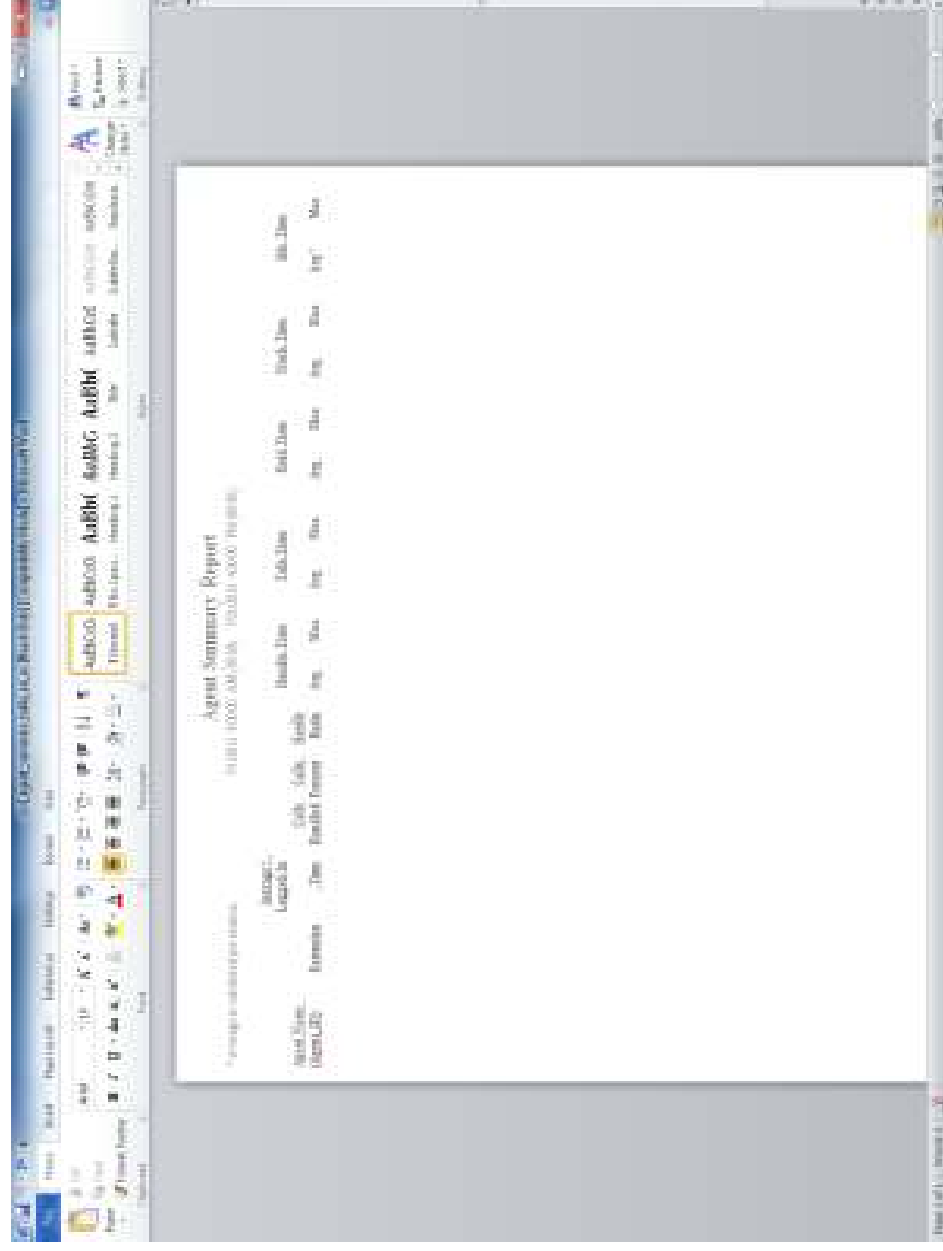
Compliance is tracked on the URAC Performance Results dashboard saved at MedSrv/URAC Onsite Visit/URAC/URAC Performance Results. See Quality Management procedure.

Step 6: The Medical Services Operations Manager queries telephone reports monthly to review for compliance with URAC requirements:

- a. Log into CISCO Unified CCX Historical Reports,
- b. Query the following three reports for each month:
 - 1) Contact Service Queue Activity Report (by CSQ)
 - 2) Agent Summary Report
 - 3) CSQ Agent Summary Report,
- c. Add the information from the reports to the call center statistics,
- d. Sends an email of the results to the call center attendants and their respective managers providing the service level percentage.

Forms/Reports:





[illegible]

RFP Reference:

N/A

URAC Standards:

Core 34

HUM 2, 3, 4, 5 and 8

Interfaces:

CISCO Unified CCX Historical Reports

Attachments:

N/A

MED - Administrative Functions - Medicaid Member, Provider and Medical Services Staff Safety

Purpose: To promote safety of Medicaid members, providers and Medical Services staff and to respond in a timely manner to situations that may expose members to health and safety risks.

Identification of Roles:

Medical Services Staff Members – Observe or identify issues of member safety and reports to Medical Services Operations Manager. Complete child or dependent adult abuse referral if appropriate. Observe safety requirements outlined for staff.

Medical Services Operations Manager – Assists as needed with child or dependent adult abuse referral. Notify the appropriate Medicaid policy specialist of the need to make an abuse report. Enforces safety requirements for staff.

Performance Standards:

Performance standards are not specified for this procedure.

Path of Business Procedure:Member Safety

Step 1: In the course of business, Medical Services Staff may encounter information or situations that indicate a potential safety concern for a Medicaid member. For example, Medical Services staff interview and observe Medicaid members in nursing facilities (NF), Intermediate Care Facilities for the Intellectually Disabled (ICF/ID), and may be in a position to observe issues with unsafe medication practices or inappropriate or harmful interactions with members. Any Medical Services staff member may discover concerns documented in the clinical records such as home health nursing notes or case management assessments.

Step 2: When an urgent safety concern is identified, the Medical Services staff member will discuss the situation with the Medical Services operations manager. If appropriate, Medical Services staff member will file an abuse report following procedures located on the DHS website <http://www.dhs.state.ia.us/>. Scroll to the bottom of the screen to find the Child and Dependent Adult Abuse Hotline 1-800-362-2178. ,

Step 3: The Medical Services operations manager will notify the appropriate Department of Human Services (DHS) policy staff that a report has been made.

Step 4: When safety risks are identified in the review process, the Medical Services staff member will log the risk on the spreadsheet located at MedSrv/Complaints, Compliments and Safety Concerns/Safety Concern Log YYYY. Instructions for completing the safety concern log are on the Instructions tab of the log. Follow-up resolution is completed within one business day.

Step 5: Medical Services staff members address Medicaid member safety by responding to urgent service requests. Urgent requests for prior authorization of services will be reviewed, a decision rendered and communicated in no less than 72 hours from receipt of the request.

A request is urgent if the situation poses an immediate threat to the health and safety of the Medicaid member or if the attending physician, member or family member indicates that the need is urgent. This time frame includes holidays and weekends.

Step 6: When an urgent request is received, the Medical Services staff member will confer with the Medical Services operations manager and log the request on the spreadsheet located on the MedSrv/Urgent Requests/Urgent Request Tracking.

Medical Services Staff Member Safety

Work safety is a shared responsibility among DHS and all Medical Services staff members

Step 1: All Medical Services staff members will follow all safety policies including the following DHS guidance for responses to fire, bomb threats, medical emergencies, tornados, and violence located at MedSrv/Staff Information/Evacuation Procedures.

Designated Medical Services staff members will carry out Medical Services Zone Leader responsibilities:

- a. Provide direction to each new Medical Services staff member regarding emergency procedures,
- b. In a tornado emergency drill or event, walk each aisle in assigned zone to ensure everyone has gone to the assigned location,
- c. If a Medical Services staff member is on a call, instruct to end the call and ensure prompt departure,
- d. In a fire evacuation drill or event, check Medical Services staff members off the list at the assigned meeting place to ensure everyone is accounted for.

Step 2: Medical Services staff members will also follow the Telligen policies related to safety located on InSight/Policies:

- a. Anti-Harassment Policy
- b. Pandemic Infectious Disease Policy
- c. Drug-Free Workplace Policy
- d. Messaging While Driving Policy

Injury and/or First Aid supplies for minor concerns are available in cube 297 or with designated project assistant.

Step 3: If injured while working, notify the Medical Services operations manager immediately. Medical Services staff members located at the IME facility will notify their manager, Contracts Administrative Office (CAO) and request the Knapp Properties, Inc. report accident form from their manager. Medical Services staff member will need to complete the IME accident report form obtained from the CAO and notify Telligen Human Resources by telephone.

Step 4: For Medical Services staff members whose work environment is outside the traditional workplace, additional procedures or processes are required to ensure safety. Medical Services staff members must always carry their IME picture identification badge displayed so that it is easily observable.

Step 5: Medical Services staff members must follow reasonable facility procedures including checking in with the designated facility personnel.

Step 6: Medical Services operations managers are responsible for addressing the following:

- a. Process for maintaining regular contact between field staff and office personnel.
- b. Personal safety measures instruction.
- c. Process for recording and reporting personal safety concerns and/or incidents.
- d. Process for evaluating personal safety procedures that include input from staff.

Step 7: Personal safety measures may include Medical Services staff members:

- a. Keeping cellular telephones on and available during visits in new situations,
- b. Maintaining vehicle in good condition, with a full tank of gas and emergency supplies,
- c. Carrying maps of area in the car,
- d. Being knowledgeable about Telligen's procedures in case of accidents or medical emergencies or work injuries,
- e. Avoiding situations in which staff feel uncomfortable. If a home is assessed to be unsafe, the Medical Services staff members may schedule sessions at the provider's office or other safe location.

Step 8: The following practices are offered to promote safety for staff when making home visits:

- a. Obtain prior information about the situation from the case manager or other knowledgeable party.
- b. Park in a way that allows you to easily access your vehicle.
- c. Scan the environment for safety concerns.
- d. Introduce yourself clearly, letting the family know who you are and why you are there.
- e. When knocking on the door, stand to the side, not in front of it. Listen for disturbances.
- f. Assess the person(s) you are talking with regarding demeanor and leave if the respondent is not in emotional control.
- g. Wear shoes and clothes that make it easy to move quickly.
- h. Do not wear expensive jewelry or carry a purse.
- i. Do not wear accessories that could be potentially dangerous such as scarves or necklaces,
- j. Carry a minimal amount of cash.
- k. Carry a noise making device such as a whistle.
- l. Conduct home visits in daylight whenever possible.
- m. Maintain locked car doors and do not leave items visible on car seats during visits.
- n. Do not open the trunk of the car and prepare the materials needed for the visit in advance and carry them in with you.
- o. Avoid areas with poor visibility such as alleys or isolated buildings.
- p. While in the home, be aware of your surroundings, keep the door in sight and have an escape route in mind.

Forms/Reports:

The screenshot shows a Microsoft Word document titled "Knapp Property Accident Report.doc". The document is a form for reporting an accident. It includes a title box with the text "Knapp Properties, Inc. Report of Accident" and a subtitle "Pay to Knapp Properties, Inc. within 12 hrs. of accident." Below the title box, there are several sections for data entry: "Date of Accident", "1. Location of Knapp Managed Property:", "Exact Location of Accident:", "2. Name of Injured Person" (with sub-sections for Name, Home Address, Home Ph. #, and Work Ph. #), "3. Witnesses to Accident" (with sub-sections for Name, Home Ph. #, and Work Ph. #), and "4. Weather Conditions:". The form is displayed within the Microsoft Word application window, which shows the standard menu bar and toolbars.

RFP Reference:

N/A

URAC Standards:

Core 14 and 38
HUM 5

Interfaces:

N/A

Attachments:

N/A

MED - Administrative Functions Urgent Reviews

Purpose: To respond to and track requests for urgent review to ensure members receive timely services.

Identification of Roles:

Medical Services Staff Member – Respond to urgent review requests and enter data on the urgent request tracking log.

Medical Services Operations Manager/Account Manager - Periodically monitor the Urgent Requests tracking spreadsheet to ensure accurate completion and compliance with timeliness.

Path of Business Procedure:

Step 1: Urgent requests for prior authorization of services will be reviewed and a decision rendered and communicated in no less than 72 hours from receipt of the request.

Step 2: A request is urgent if the situation poses an immediate threat to the health and safety of the Medicaid member or if the attending physician, member or family member (someone with knowledge of the member's medical condition) indicates that the need is urgent and would jeopardize the health of the Medicaid member if the review was completed in non-urgent timeframes. The 72-hour response time includes holidays and weekends.

Step 3: When an urgent request is received, the Medical Services staff member will confer with Medical Services operations manager and log the request on the spreadsheet located at MedSrv/Urgent Requests/Urgent Request Tracking.

Form/Reports:

Urgent Request Tracking

Program	Review Coordinator	Member L. Name	Member F. Name	SID	Requestor	Initial Date of Service	Date & Time of Request	Decision	Date & Time of Decision	No. of Hrs.	Notes

RFP Reference:

N/A

URAC Standard:

HUM 17

Interfaces:

N/A

Attachments:

N/A

MED - Administrative Functions - Health Literacy, Language/ Telecommunications Device for the Deaf Line and Conference Calls

Purpose: To provide member safety through work procedures promoting health literacy.

Identification of Roles:

Medical Services Staff Members – Compose letters to Medicaid Members using practices that promote health literacy.

Medical Services Operations Manager – Compose letters to Medicaid Members and review letters composed by Medical Services RCs and QIFs using practices that promote health literacy.

Performance Standards:

Performance standards are not specified for this procedure.

Path of Business Procedure: Health literacy is an individual's ability to read, understand and use healthcare information to make decisions and follow instructions for treatment. A Medicaid member's ability to comply with recommended medical treatment impacts his or her safety. Without a complete understanding of medical directions, members are not able to make good decisions regarding their health care and subsequently are not able to give informed consent. Language barriers, hearing impairments and the inability to understand written communications impact the member's ability to apply important information to their health related decisions.

Step 1: Medical Services staff members will apply the following guidelines in written materials for members:

- a. Organize information so that the most important points come first
- b. Break complex information into understandable chunks
- c. Use simple language
- d. Define technical terms
- e. Use the active voice
- f. Keep within a range of a fourth to sixth grade reading level
- g. Focus on a few key concepts
- h. Use the "you" attitude to personalize the information
- i. Keep sentences short.
- j. Say things positively, not negatively. For example, use "Eat less red meat," instead of "Do not eat lots of red meat".
- k. Include white space
- l. Use bolded subheadings to separate and highlight document sections.

Step 2: All written documents must be reviewed by another Medical Services staff member prior to dissemination.

Step 3: IME employs the services of a telecommunications device for the deaf (TDD) line for use when Medicaid members are hearing impaired. When a Medical Services staff member receives a call from someone using TDD assistance respond slowly to allow electronic voice response. To initiate use of the TDD dial Sun Trust at 1-800-854-8965. The Sun Trust user will stay on the call and assist as needed.

Step 4: IME employs the services of a language line through CTS Language Link for use when Medicaid members are not able to understand English speaking staff. When a Medical Services staff member receives a call from someone who needs language translation, complete the following steps:

- a. Dial: 1-877-650-8027
- b. Provide the CTS call center representative the following:
 1. IME account number 10537
 2. Language needed
 3. Unit name.
 4. If needed, the Quality Assurance Team at CTS can be reached at 866-610-1338.

Step 5: To facilitate communication Medical Services staff member may also arrange for conference calls:

- a. Conference call instructions are located on MedSrv/Conference Calls.
- b. Select one of the assigned numbers for Medical Services to use for call 8008 or 2276.
- c. Open the calendar and enter the number to be used and time of the conference call.
- d. Copy instructions for the respective number and paste it into Outlook invitations for the conference call event.
- e. At the end of the conference call, the call leader must push #99 to disconnect the call to all participants.

Forms/Reports:

N/A

RFP Reference:

N/A

URAC Standard:

Core 40

Interfaces:

Language and TDD lines

Attachments:

N/A

MED – Administrative Functions - Collaboration, Community Based Resources and Referral Process

Purpose: Care management services require a holistic approach that evaluates and supports physical, social and mental health needs of the member. Care management programs will maintain information on community and support services and make referrals required for the members to experience success in managing their health. The Review Coordinator (RC) or Quality Improvement Facilitator (QIF) will make referrals to care management programs when member needs are identified.

Identification of Roles:

Project Assistant – provide program support.

Medical Services Review Coordinator (RC)/ Quality Improvement Facilitator (QIF) – perform assessments and provide referral information to Medicaid members and providers regarding social, educational, community and mental health supports needed to resolve barriers to self-management skills.

Medical Services Operations Manager – provide training and support to RC/QIF and maintain knowledge of external referral resources.

Medicaid Medical Director/CAMD – notes quality concerns that may benefit from increased collaboration among IME units or the provider community. Refer concerns to Medical Services Operations Manager or Director.

Performance Standards:

Performance standards are not specified for this procedure.

Path of Business Procedure:

Step 1: Collaboration occurs in several of the business functions for Medical Services:

- Children’s Healthcare – Care Conferences
- Swing Bed Prior Authorization
- Nursing Facility – Limited Stay Authorization
- Waiver Prior Authorization – Telephonic Service Plan Review

See the respective procedures for detailed steps describing collaboration to ensure Medicaid member needs are met.

Step 2: In other business functions, such as waiver level of care review or medical prior authorization, the RC/QIF may identify mental health, social or community resource needs such as shelter or food. The RC/QIF will make referrals to care management programs as needed and provide education and resources about the existing services in the community or other health services available through the Medicaid program.

- a. Examples of other services available through Medicaid include but are not limited to information about medical equipment coverage, waiver programs, Behavioral Health Intervention Services and other behavioral services from the IME behavioral managed care vendor.
- b. Medicaid members can be referred to Member Services (800-338-8366 or 515-256-4606) for additional information about Medicaid eligibility, assistance in locating a provider or possible enrollment in a care management program or health home.

Step 3: The RC/QIF will provide feedback to their manager during their regular feedback sessions or any other appropriate time about the unmet service and/or health needs they observe during the review process.

Step 4: The Medical Services operations manager will share this information along with appropriate resources that may be of interest to other programs.

Forms/Reports:

Resources

Social and Community Resources		
Iowa Compass: http://www.iowacompass.org/	2 1 1 Iowa: http://www3.irissoft.com/ia211/	Life Long Links (elderly): http://www.lifelonglinks.org/
Hola Center (Polk County): http://www.holacenter.org/Home/tabid/92/Default.aspx	Healthy Linn County (Linn County): http://www.healthylinn.org/index.asp	Homeless, US Dept. of Housing link: http://www.hud.gov/local/index.cfm?state=ia&topic=homeless
Visiting Nurse Services Community Resource List (Polk County): http://www.vnsdm.org/images/Community%20Resources.pdf	An Introduction to Social Security First Step: http://www.cms.hhs.gov/apps/firststep/content/ssditips.html	Dept. of Elder Affairs (legal): http://www.state.ia.us/elderaffairs/faq/legal.html#advdir
Gift of Peace of Mind: Living wills and POA: http://www.state.ia.us/elderaffairs/Documents/GiftofPeaceofMind.pdf	Partnership for Prescription Drugs: https://www.pparx.org/Intro.php	Angel Food Ministries: http://www.angelfoodministries.com/states.asp?st=ia
Aging Resources: http://www.agingresources.com/searchservices.asp?search=1&sdesc=Food%20Assistance&sitem=Franklin	Search Areas for Aging Services: http://www.agingresources.com/searchservices.asp?search=1&sdesc=Food%20Assistance&sitem=Franklin	Scleroderma Foundation: http://www.scleroderma.org/

RFP Reference:

N/A

URAC Standard:

Core 5 and 36

Interfaces:

N/A

Attachments:

N/A

MED - Administrative Functions Iowa Medicaid Enterprise Facility Environment

Purpose: To ensure efficiency and compliance are achieved within the IME facility. All Medical Services staff members are responsible to follow facility procedures.

Identification of Roles:

Medical Services Operations Manager – ensure all staff to abide by IME facility rules.

Medical Services Project Assistant – assist in staff training and orientation.

Medical Services Unit Manager - Approve non IME staff after hours requests and weekend building access, liaison between the Medical Services Unit and the CAO.

Medical Services Account Manager - communicate with issues or concerns with the Medical Services Unit Manager

Performance Standards:

Performance standards are not identified for this procedure.

Path of Business Procedures:

Step 1: Medical Services staff members will comply with IME regulations. Any questions or concerns regarding the regulations will be brought to the attention of the Medical Services operations manager.

Step 2: During new Medical Services staff member orientation the Medical Services operations manager and project assistant will provide Medical Services staff members with an overview of facility rules.

- a. No aerosol cans or sprays, perfumes or strong-scented lotions will be used due to staff having allergic and potentially life-threatening reactions
- b. Heaters, heating fans, electric blankets and heating pads are not allowed in the IME building
- c. Fans are allowed
- d. Personal refrigerators and coffee machines are allowed
- e. CAO should receive all packing slips from orders purchased through the CAO

- f. Do not use the computer or Internet for non-work purposes, at any time, including lunch
- g. Do not download any programs or files
- h.
- i. Lighting of candles and other holiday lights is prohibited
- j. Live plants are not allowed
- k. Toasters are not allowed
- l. When potlucks, food days, etc. are held, whether in a conference room or in an individual cube, everything must be cleaned up, i.e., tables, floor, etc., and all garbage should be put in the break room garbage cans.
- m. After use, conference rooms should be returned to their usual configuration.

Building Access

- a. Building access to all doors will be card entry excluding the emergency exits.
- b. The main entrance will be open from 8:00 a.m. to 4:30 p.m.
- c. The west and south doors are card entry only and must not be used for after hours entry.
- d. All other doors are emergency exits only.
- e. Only IME staff are allowed in the IME facility after hours, unless prior approval by the Medical Services Unit Manager has been given.
- f. All Medical Services staff members must swipe their badge to enter the facility.
 - 1. Do not allow another person to piggy back to enter the facility.
 - 2. Do not loan your badge to anyone for any purpose.
 - 3. If you forget your badge you will be required to enter the public entrance of the building and wear a temporary badge. A Medical Services operations manager will be called to escort you.
 - 4. If a Medical Services staff member is working prior to 7:30, they are required to swipe badge outside and again at the entrance within the lobby
- g. Medical Services staff members will not be allowed afterhours access without your permanent badge.
- h. All Medical Services staff members will wear their State issued badge in a visible place.
- i. Visitors will be issued a visitor badge to be worn while in the facility.
- j. Visitors will be required to sign in and out at the front desk.
- k. Visitors should be met at the front door by the individual they are here to meet and should be accompanied by an employee at all times.
- l. Medical Services staff members will be required to complete the IME Building Access Application to request a new card, request a replacement card, make a name change or request a change to access hours.
- m. When working late or on weekends, use the IME Access logs located at the main entrance and west doors. Medical Services staff members must ALWAYS sign in and out when entering and exiting the facility after hours.
- n. Medical Services staff members must notify their manager by 10:00 AM Friday prior to the weekend if they want weekend access. The Medical Services operations manager will notify the Medical Services unit manager by noon Friday of the employee's request. The Medical Services unit manager will forward the request to the CAO. If the CAO is absent the request will be sent to the designated back up for the DHS policy staff person.

- o. Smoking is prohibited at the IME. This includes parking lots and public sidewalks. Smoking is allowed in your enclosed vehicle while parked in an IME parking lot front or back. Please note that smoking will be prohibited in your vehicle should the landlord determine that littering of the parking lots with cigarette butts becomes an issue.

Copiers

Ensure that when staples or paper clips are removed at the copier and/or printer stations they are placed in the garbage. There should be no staples on the floor.

Restarting Workstations

- a. It is required that all Medical Services staff members restart their computers daily.
- b. Prior to leaving for the day, please click on the start button, click on shutdown, and then at the dropdown arrow, select restart.
- c. This will restart your machine and leave it on so that nightly patches can still be delivered to it.
- d. Do not turn the computer off unless the system prompts that it has updates and will shut down once the updates have been completed. Medical Services staff members must turn on the CPU the following morning.

Computer Monitors

While you may turn off both monitors and printers nightly to reduce energy consumption, the monitors are programmed to turn off automatically after a ½ hour of idle time.

Parking

- a. All Medical Services staff members are provided with an IME parking map and park only in designated spots.
- b. Parking identification tags will be provided for cars authorized to park in the parking lots.
- c. All Medical Services staff members must submit vehicle information to the Medical Services project assistant for all cars that will be parked at the facility.
- d. All cars parked at the IME facility are recorded and issued one tag per vehicle. Medical Services staff members are allowed a separate tag if they drive multiple vehicles.
- e. Knapp, the property owner of the facility, keeps track of vehicles that have been tagged as parking in non-IME parking areas.
- f. Even if the issued IME parking tag is not displayed, which should be at all times while parked at the IME facility, the property owner can identify the vehicle owner by the plate number.
- g. The property owner is responsible for the parking lot and will place orange warning stickers on IME vehicles not parked in IME parking spaces.
- h. The property owner will put a sticker on an individual's vehicle one time. After the individual has received a sticker one time, on the next occasion the individual's vehicle will be towed, at the vehicle owner's expense.
- i. If your vehicle is towed due to violating the parking policy, the contact for obtaining your vehicle is: Dale Jones' Enterprises and Repair, 1520 Maury Street, Des Moines, IA 50317, phone number 515-243-7412.
- j. Staff driving rental vehicles are not exempt from the parking policy.

- k. Be aware that Steffon Plaza business operators will call the property owner to report staff that is parking in non-IME assigned parking area.
- l. Follow the designated parking map found at MedSrv/New Employees Forms & Information/Security Forms/IME Parking Map.
- m. If a vehicle changes the project assistant should be notified.
- n. If you have a vehicle change, notify the designated Medical Services project assistant to update the vehicle registration spreadsheet and notify the CAO.
- o. If the Building Access Badge is lost it should be replaced and there is a five dollar fee paid from the employee to the CAO.
- p. If a meeting is scheduled at the facility, which includes visitors to the IME, it is the Medical Services staff member's responsibility to inform the visitor(s) of the parking requirements at the facility.
- q. Visitors should park in the spaces provided on the east and northeast side of Steffon Plaza.
- r. Visitors should not park around the perimeter of the Steffon Plaza on the north side of the building. These spaces are for Steffon Plaza business customers.
- s. Medical Services staff members are not to contact the property owner concerning parking issues.
- t. Medical Services staff members should direct questions regarding parking to their Medical Services account manager.
- u. The Medical Services account manager should contact the Medical Services unit manager or CAO with questions.
- v. Bicycles cannot be locked to the ramps on the west or the south sides of the building.
- w. These are fire exits and locking a bicycle to the inside of the ramp could be hazardous in an emergency.

Emergency Exits

There are three emergency exits, one located on the north side and two located on the southeast side of the building. These exits are alarm activated.

Laptops Check-out

Laptops will be available for checkout through the CAO or the Medical Services project assistant.

Conference Rooms

- a. Scheduling approval will be by the CAO.
- b. If you will not be using a conference room you have scheduled, be sure to send a cancellation to the meeting room so that it can be freed up for others use.
- c. If you have not occupied your scheduled conference room within 10 minutes of the scheduled start time the room becomes open for rescheduling.
- d. Conference room 105 has been reserved as the lactation room and should not be used for any other purpose.
- e. Employees should be sure to use the calendar provided to reserve time for this room.

Cubicles

- a. All vacant cubicles will be assigned by the CAO and will not be used as storage areas.
- b. All conference room chairs are to stay in the conference rooms.
- c. This includes the rolling armchairs and the stack chairs from both the conference rooms and those located in the break room.
- d. There is one exception to rolling armchairs in cubes. Those that are in one of the quad cubicles located in the southeast corner of the building can be moved.
- e. According to DHS standard for cubicles, cubes that are 8x8 or smaller should not have a side chair.

Desktops Printers

- a. Contractors may purchase HP Laser Jet desktop printers only with the condition that the printer will be signed over to DHS.
- b. DHS will pay for cartridges and paper.
- c. These supplies are ordered the last week of the month through the CAO.

Bulletin Boards

- a. Each IME unit has been provided with a bulletin board in their Unit for Unit and/or corporate information.
- b. State bulletin boards are posted in the break room and contain State and/or Union information only.
- c. A separate bulletin board has been provided in the break room on the south wall near the sink for personal postings. Medical Services staff members are not allowed to use the bulletin board for personal postings or business cards.

Trash Boxes

- a. Trash boxes should not be placed in the dock area unless they are broken down.
- b. Keep all trash away from the heater in the dock area and do not set anything on top of the heater.
- c. Do not leave boxes in your cube; the janitorial service will not dispose of the box out of your cube.

Facility Concerns

- a. Facility services concerns must be filtered through the designated Medical Services project assistant who will address the CAO, i.e., janitorial, electric, telephone, etc.
- b. Issues related to your cube or environment i.e. light bulb burnt out, need garbage can, etc. should be reported to the project assistant who will filter requests and report to the CAO for resolution.

Office Supplies

- a. All requests for general office supplies should be directed to the designated Medical Services project assistant.
- b. Office supplies are stored in the grey file cabinet against the blue west wall in the IME facility. The key for the supplies is stored in cube 297.
- c. Medical Services staff members may obtain supplies from this file cabinet as needed.
- d. The Medical Services project assistant places orders in bulk on a monthly basis.

Intercom System

- a. The IME intercom system is not used for internal staff paging.
- b. It is used for emergency purposes only i.e., tornado drills, fire drills, warnings, emergency evacuation purposes, etc.

Refrigerator Policy

- a. The refrigerator policy, which includes the freezer in the employee break room, is the responsibility of all IME employees. The social committee has developed the following policy to aid the IME staff in ensuring that the refrigerator is clean and fresh.
 1. Each week an assigned IME unit will be responsible to clean the refrigerators sometime after 4:00 p.m. on Wednesday.
 2. The two refrigerators will be cleaned weekly.
 3. Medical Services staff members are required to remove items you want to keep and place them into the refrigerator not being cleaned that week.
 4. Any items NOT removed from the refrigerator being cleaned will be thrown away. Any lunch sacks not removed will be placed on the table to be claimed and thrown away at 5:00 p.m. that day.

IME Holiday schedule is located on InSight under Human Resources/Benefit Information on the right side toolbar, under other benefits click holidays.

Forms/Reports:

N/A

RFP Reference:

N/A

Interfaces:

N/A

Attachments:

N/A

MED - Administrative Functions Privacy and Security

Purpose: It is the policy of Telligen and the Medical Services Unit to ensure that privacy and security of protected health information is maintained. Medical Services staff members will take precautionary steps listed below to guard the privacy of protected health information. Medical Services views inappropriate disclosures of confidential information with the utmost seriousness. Violations of protected health information may result in progressive disciplinary action up to and including termination. For additional information on the Telligen discipline process review the policies on InSight.

Identification of Roles:

Medical Services staff members – Report any inappropriate disclosure of protected health information made during the course of their work or upon becoming aware that health information has been inappropriately disclosed, report the disclosure within one business day. Take steps to protect confidentiality of protected health information.

Medical Services Operations Manager –ensure Medical Services staff members comply with the privacy and security procedures and provide follow-up as required. Designated Medical Services operations manager will complete the DHS form and submit to the Medical Services unit manager and file an electronic report at Incidents@telligen.org.

Medical Services director –review and track inappropriate disclosures complete a quarterly report for the compliance committee.

Path of Business Procedures:

Step 1: All clinical and nonclinical review staff will comply with privacy and security procedures. Medical Services staff members will report all inappropriate disclosures as discovered.

Step 2: During new Medical Services staff members orientation the Medical Services operations manager will provide staff with confidentiality and security procedures per Telligen and DHS policy.

Step 3: To safe guard protected health information, Medical Services staff members will comply with the regulations. Questions or concerns regarding the regulations will be brought to the attention of their manager.

Step 4: Medical Services staff members will manage confidential information and maintain HIPAA compliance as outlined below:

- a. Attend mandatory Health Insurance Portability and Accountability Act (HIPAA) and confidentiality training at the time of hire and annually thereafter. All Medical Services staff members sign a Telligen confidentiality policy statement and the DHS confidentiality form at the time of employment and annually at the time of their performance reviews thereafter.
 - b. All non-Medical Services staff members given access to confidential information are required to sign a non-employee confidentiality statement prior to being given access to the confidential information.
 - c. All protected health information e-mailed from DHS Outlook must go through Tumbleweed.
 - d. No confidential information will be discarded with the regular trash.
 - e. Information will be placed in shred bins at the IME facility.
 - f. Field Medical Services staff members may bring confidential material to IME for shredding or shred at their home office.
2. Documents containing protected health information transported to the IME facility for shredding must be double wrapped.
- a. When leaving desk or office, confidential information should be locked in a drawer, cupboard, and overhead bin or if possible, the office should be locked.
 - b. Shred boxes in individual cubes will be emptied nightly.
 - c. Designated staff will complete nightly sweeps of printers and fax machines and store confidential information in a locked drawer or bin.

- d. Confidential information should not be left unattended. Computers must be locked when unattended.
- e. Any information that should not be publicly released, whether in electronic or non-electronic format, must bear appropriate legal and business markings indicating that distribution is restricted and is not to be re-released. Information so designated must not be disclosed to unauthorized personnel.
- g. Medical Services staff members will keep passwords secure as follows:
 - 1. Do not share their password(s) with anyone, including the supervisor.
 - 2. Be responsible for the security of passwords and accounts.
 - 3. Change passwords every 60 days.
 - 4. Do not record the password on paper and keep the document where others can gain access to your password.
 - 5. Create strong passwords of at least eight characters in length and using a mixture of letters and numbers.
 - 6. Do not use any part or portion of a name, birth date, telephone number, and address or social security number, as the password.
 - 7. Do not use common dictionary words or names as a part of the password.

Receiving Notice of an Inappropriate Disclosure

There are three main processes in which inappropriate disclosures occur:

- 1. Right Fax
- 2. E-mail
- 3. Mail

All have well documented steps developed to safe guard the protected health information being disseminated. See steps later in these procedures.

Step 1: When a call is received reporting receipt of PHI from IME, thank the caller for reporting the disclosure. Explain that we need to have the information returned to IME.

Step 2: Request the caller to please return the documentation that they received in error. Offer to send a self-addressed postage paid envelope.

Step 3: If the caller has already shredded the information, thank the caller and continue with disclosure reporting protocol Step 6.

Step 4: If the caller still has the information sent in error, ask for his/her full name and address.

Step 5: Designated Medical Services staff members will fill out the cover letter template located in the Disclosure folder on MedSrv_Reports drive, which will include the name of person reporting the disclosure and the date of the report. The Medical Services staff members will send the cover letter along with an IME postage paid envelope with Attn: [Medical Services staff members name] on the front of the envelope.

Step 6: Manager of the program in which the disclosure occurred will complete the disclosure log and notify the respective Medical Services director. Instructions for completing the log are on the last tab of the excel workbook.

Step 7: Medical Services director will email incidents@Telligen.com providing a description of the disclosure and identifying it as being from IME; details of the

Medicaid member not included

Step 8: Medical Services staff members who made the disclosure will complete the DHS Information Security Data Breach Incident Report form 470-5134 located in the Disclosure folder on the MedSrv drive. Check boxes to indicate the type of information that was disclosed but do not include Medicaid member name and SID. Indicate in Actions Taken To-Date section if information was already shredded by recipient or will be returned to IME. Secure Medical Services director review and send by email to Medical Services unit manager. Include Medicaid member name and SID within email. Update Disclosure Log.

Step 9: When the item is returned to IME, Medical Services operations manager will update DHS Information Security Data Breach Incident Report form 470-5134 in Actions Taken To-Date section and re-send to Medical Services unit manager. Medical Services operations manager will note actions on Disclosure Log.

Step 10: If directed by DHS, Medical Services staff member will complete a letter to the Medicaid member informing the member of the disclosure. Medical Services' letter template and instructions for completing the letter are located at IMEUniversal\HIPAA Notifications

Step 11: Medical Services director will send the log vice president. Medical Services director will track and report inappropriate disclosures to the compliance committee quarterly and provide reports to the Medical Services management team.

Forms/Reports:

Letter Requesting Return of Information Sent in an Inappropriate
^e Date

^e (Person reporting disclosure)

^e (Street address)

^e (City, IA zip)

Dear (Person reporting disclosure):

On (Insert date), you reported to Iowa Medicaid Enterprise, Medical Services that you received (insert type of information) in error. Please use the enclosed pre-addressed, postage paid envelope to return that information to Iowa Medicaid.

Thank you for your cooperation. If you have any questions, please call locally, 256-4623 or 1-800-383-1173, extension 3044.

Iowa Medicaid Enterprise
Medical Services

Enclosure

RFP Reference:

N/A

URAC Standards:

Core 15 and 16

Interfaces:

N/A

Attachments:

N/A

MED - Administrative Function Mail, E-mail and Faxing Procedures

Purpose: To ensure compliance and efficiency in mail processes are achieved in the IME facility.

Identification of Roles:

Medical Services Operations Managers - provide work assignments, monitor and track all work activity

Medical Services Staff Members - responsible to follow mail procedures.

Medical Services Project Assistant - provide overview of mailing procedures to new Medical Services Staff Members

Medical Services Support Staff - provide support activities for the Medical Services Unit

Performance Standards:

Performance standards are not specified for this procedure.

Path of Business Procedures:

Step 1: During new Medical Services staff members' orientation, the Medical Services project assistant will provide staff with overview of mail procedures.

Step 2: Questions or concerns regarding the protocol should be brought to the attention of their Medical Services operations manager.

Mail will be sorted by designated support staff and placed into the respective Medical Services operations managers or field Medical Services staff member's mail slot located in cube 330. A team member from each team will be designated to distribute the mail from the mail slot.

Telligen mail: Mail to be delivered to Telligen will be mailed out through regular United States postal service on Thursday morning to Telligen in a Telligen business reply 11x14 envelope. Anytime staff are going to Telligen they should offer to take any mail and deliver it to the front desk guard.

Medical Services Inbox: The Medical Services Unit inbox will be used for items addressed to Medical Services delivered by the IME mailroom.

- a. A Medical Services support staff will distribute the mail received from the in-tray to the appropriate manager or field staff team members mail slot at 9:30 a.m. and 2:30 p.m.
- b. Mail that is returned to IME as undeliverable will not be opened and is routed to the appropriate unit by internal routing.
- c. Mail will be hand delivered to the Medical Services directors, MMD, CAMD, project specialist and project assistant's inbox tray located in each cube.

Medical Services Outbox: The Medical Services outbox is used for items to be delivered to the mailroom for processing out of the IME building or routing to another unit within the IME facility.

If Medical Services staff member needs to route a document to another unit an IME internal router coversheet must be filled out electronically, printed, and attached to the document:

- a. The IME internal router form is located in the Med Srv/Forms/IME/Mail room forms/IME internal router.
- b. All outgoing mail should be placed in the Med Srv outbox by 1:00 p.m. daily.
- c. Outgoing mail will not be placed in the mail tub after 1:00 p.m. The mail will be kept at the Medical Services staff member's desk until the next business day.
- d. The IME mailroom daily final pick up is at 1:30 p.m.

Routing a Paper Document: Medical Services staff member needing to route a paper document to another unit should be aware:

- a. IME internal router coversheet must be filled out electronically, printed, and attached to the document that needs to be routed.
- b. The IME internal router form is located in the IME Universal folder.

Unscannable Items: Medical Services staff member will need to fill out an Unscannable Item Retrieval Request E-form when working documents in OnBase and an Unscannable Item is received.

- a. The unscannable item number and item type are located on the Unscannable item form in the document.
- b. The mailroom will deliver the unscannable item to the unit via internal route.

Prior Authorization (PA) Unscannable Items: Correspondence addressed to P.O. Box 36478 includes pictures or x-rays are not to be batched in mailroom, but sent to the Medical Services PA department.

- a. The mailroom route person delivers the items.
- b. When review is complete, Medical Services support staff returns items to provider. See Mailing Procedures, section f. below for returning dental models.

Request to Re-image: Used by Medical Services staff member when an image cannot be read due to a scanner error. For example, the corner of the document was folded and information is blacked out. A sticky note was on the document and information is blacked out. If an image is too light or too dark Core staff will not rescan it as the result would be the same.

To request ion re-imaging, the following is the information that needs to be filled out on the form:

- a. Archive Box Number - This is the number of the box the item is in.
- b. Imprinter Number - This is the number that is imprinted on each page of the document. Imprinter numbers from the first and last pages are needed for any document that needs to be re-imaged.
- c. Document Control Number (DCN) - This is the document control number assigned to the document in OnBase.
- d. Unit - The name of the unit sending the request.
- e. Requestor - Name of the person sending the request autopopulates.
- f. Date - Date the document was sent to the mailroom.
- g. Click submit.

OnBase Archival Retrieval Req.: Staff will need to complete the e-form to request a hardcopy of a document. Go to "File", select "New", the select "Forms" and finally select "Archival request." This is the information that needs to be filled out on the form.

- a. Archive Box Number - This is the number of the box the item is in.
- b. Imprinter Number Start - This is the number that is imprinted on first and last page of the document.
- c. Imprinter Number End - This is the number that is imprinted on each page of the document.
- d. Requestor - Name of the person sending the request.
- e. Unit - The name of the unit sending the request.
- f. Reason - The reason the hardcopy is being requested.
- g. Date - Date the document was sent to the mailroom.

Certified Mail: Make a label for the Medicaid member and/or representative packet and use their mailing address. Use the online certified mail process for sending out certified, collect on delivery, delivery confirmation, express mail, insured, registered, return receipt for merchandise, and signature confirmation mail. The link to access the online certified mail process must be installed by DHS IT.

- a. User ID: 000401
- b. Password: ZZGXGX
- c. Account ID: 401A-1797
- d. Put in the member's name and address
- e. Click on ship request
- f. Print two copies, one for certified mail notebook and one to send with the mailing envelope
- g. Peel off top tracking number on certified mail label and affix to one copy for the certified mail notebook
- h. Paper clip the other copy to the outside of the envelope before mailing
- i. Put the certified mail label in the middle of the mailing envelope (sticky) and fold over at the dotted line

Mailing Procedures: Medical Services staff member will double check all mailings prior to being sent out of the Medical Services unit.

- a. Verify each page of document is complete and accurate.
 1. Is this correct letter or form for services received by member?

2. Is correct provider of services listed on form?
 3. Is provider address on letter or form correct?
 4. If letter or form is going to the Medicaid member, is address correct for this member?
- b. Verify each page of the document(s) is for the same member by verifying name and SID.
 - c. When multiple Medicaid members are being sent in one envelope, verify each page should go to same addressee before inserting into envelope.
 - d. If using a large envelop for a mailing that is 6 pages or more address envelop by hand or use a label. Mailroom requests no more than five pages are inserted into 4 ¼ x 9 ½ size envelopes to ensure envelope goes through postage machine smoothly and seals.
 - e. Verify address on document and envelop match.
 - f. Seal large manila or white envelopes. Leave 4 ¼ x 9 ½ envelopes unsealed. Envelope will be sealed at State of Iowa Mailroom when postage is added.
EXCEPTION: If the envelope contains medical pictures it should be sealed prior to sending for postage and envelope marked confidential. Generally appeal packets are also sealed as they are usually in large envelopes.
 - g. When using a window envelope fold letter so member name and entire address are completely visible in window.
Be sure no personal identification numbers (PHI) for either the Medicaid member or provider are visible in window.
 - h. When unable to fold to conceal PHI, use a separate cover sheet with name and address before folding and inserting in envelope.
 - i. Unsealed envelopes will be bundled individually with each flap down and put in Medical Services Outbox by 1:00 p.m. each day to be picked up by mailroom. Last pick up for outgoing mail is 1:30 p.m.
 - j. Any correspondence not picked up by mailroom is to be kept at your desk and locked up until next day. No mail will be left in out-boxes or on desk tops overnight.

Dental models being returned to Providers through mail.

- a. Verify models in package go to provider listed on outside of package by looking up prior authorization in OnBase.
- b. Re-wrap each model to prevent damage in shipping, reusing packaging models arrived in whenever possible.
- c. Check provider name and address for accuracy.
- d. Record date models returned on the dental review form in OnBase. It is attached to each Medicaid member's file.
- e. Set models outside of cube and notify mailroom personnel that boxes need to be picked up in Med Srv for out-going mail.

Emailing Procedures

Medical Services staff member must always remember when composing and sending an email, it is considered a legal document and can be used as evidence in any legal proceeding involving Iowa Medicaid, employees, members, providers, consultants, and contractors.

Always use professional business standards when writing and responding to emails.

When sending e-mail(s) within the State of Iowa system always use the Outlook address book:

- a. Open Outlook
- b. Click on New.
 1. Open address book. Type in name (last name, first name)
- c. Open properties for name that comes up and verify it is correct employee by using department information. If more than one person with same name is listed and properties file is incomplete, call before sending.
- d. Click on "TO" to insert into email address
 1. If including multiple persons in email, repeat above process for each person.
 2. If copying someone in, repeat above process for each person and click on the CC button.
- e. Do not include identifiable PHI in the subject line of your email when sending outside the DHS system.
- f. Follow DHS and Telligen guidelines for composing the body of the e-mail.
- g. Verify the accuracy of all information before clicking send.
- h. Contact your supervisor or other advisor if assistance is needed.
- i. It is recommended that another employee review self-composed letters before sending for accuracy and clarity. This is also a good policy to be used for emails if appropriate for what you are composing.

When sending e-mail(s) to an entity outside of the State of Iowa Outlook:

- a. Verify e-mail address for accuracy.
- b. If sending confidential information, be sure Confidentiality verbiage is on bottom of email or the word "confidential" is in the subject line.
- c. All e-mail(s) so flagged will go through the Tumbleweed security system set up on the State of Iowa Outlook program before being processed on to the addressee.

Attachments included in an e-mail:

The document to be sent may be saved in the RightFax folder before attaching or may be saved in a drive.

- a. If saved in the RightFax folder, click and hold mouse on document and move it into the body of e-mail.
- b. Follow system directions.
- c. If saved in a drive, click on the "paper clip" and then browse and find the document.

Initiate e-mail from RightFax folder or a saved Word or Excel document:

- a. Right click on Document in RightFax folder; use Office button in top left corner if in Word.
- b. Choose: Send, e-mail.
 1. This will open up a new email with the attachment.
- c. Complete the TO and the COPY TO address using directions above to maintain accuracy and confidentiality.

- d. Open and review every page of the attachment again and verify that it is the correct document before sending and that it does not contain information related to another member.
- e. Include complete and correct business signature information in any e-mails you initiate.

RightFax Process

- a. Close all documents previously used before starting RightFax process.
- b. Open and verify accuracy of document to be sent via RightFax
- c. Verify correct Medicaid member.
 - 1. Check first and last name.
- d. Verify correct provider.
 - 1. Check first and last name.
- e. Verify each page is for same member or for same provider, whoever is the addressee.
- f. Verify document being sent is correct form(s) to be sent to this provider.
- g. Save document by member name in personal RightFax Folder on personal drive
- h. Open document in Right Fax folder and re-verify accuracy of member name and provider.
- i. Right click on document.
- j. Multiple pages being sent.
- k. Verify each page for accuracy.
- l. Highlight all pages being sent and right click on highlighted grouping
- m. Click Print.
 - 1. Click RightFax under printer drop down box.
 - 2. Click OK
- n. System displays Fax Information Screen. Enter name and FAX number in appropriate boxes.
- o. Verify Fax number. If any discrepancy, stop process and contact provider by phone and verify number.
- p. Add comments by clicking on "Cover Sheet Notes" and then return to "Main" tab
- q. Review name and fax number again for errors.
- r. Click SEND.

Using RightFax Phone Book to send documents.

- a. Open document in RightFax folder on desk top or from e-mail or Word document.
- b. Verify all information for accuracy
- c. Right Click on document.
- d. Choose print, then RightFax.
- e. System displays Fax Informational Screen.
- f. Choose Phonebook box next to blank line for Name.
- g. Type in ID or select from list.8. System will highlight entry.
- h. Double click on Current Recipient's box.
- i. Verify correct name is displayed
- j. Click OK.
- k. Use edit entry to verify information
 - 1. Fax number on form should be compared to FAX number in your phonebook.
If does not match, call provider and verify correct FAX number

- l. Confirm fax number with FAX cover page received from provider for NODs.
- m. If FAX number has changed, update your phone book after verification.
- n. Click on Cover Sheet Notes to add any special instructions.
- o. Click on Main tab and again verify name and number.
- p. Click SEND.

If Contact not listed in RightFax Phonebook

- a. Click on new entry.
- b. Open MMIS to verify mailing address.
- c. Enter ID and complete contact information.
- d. Call provider to verify FAX number.
- e. Double check for typing accuracy.
- f. Click OK.
- g. Then proceed with steps above in 4b.

If Wrong name or ID selected.

- a. Highlight recipient listed in Current Recipients box
- b. Click on Remove button.
- c. Start process over
- d. If interrupted during the process of RightFaxing, stop the process and start over.

RFP Reference:

N/A

Interfaces:

Mailroom

Attachments:

N/A

MED - Administrative Functions Fraud and Abuse Prevention and Reporting

Purpose: To ensure integrity of all program operations related to provision of Medicaid services and programs.

As a contractor that authorizes the furnishing of Medicaid health items or services as well as monitors the health care provided, Medical Services is required by Section 6032 of the Federal Deficit Reduction Act of 2005 to educate employees about the federal and state fraud and false claims laws. Medical Services will provide whistleblower protections to those under the state and federal laws.

Medical Services participates in Medicaid Integrity Group (MIG) audits, Payment Error Rate Measurement (PERM) reviews and state and federal program audits as directed by DHS.

Identification of Roles:

Medical Services Director –Enforce procedures related to fraud, abuse prevention standards and oversee process for reporting concerns to proper authorities.

Medical Services Operations Manager – Review standards and procedures related to fraud and abuse prevention standards. Arrange for annual training regarding responsibilities of prevention and reporting.

Medicaid Medical Director (MMD) – Reviews quality and appropriateness of care concerns.

Medical Services Operations Manager/Director-collaborate with team members on suspected fraudulent activity, communicate with the Medical Services Unit Manager

Medical Services Staff Member – Receive training annually and report practices that appear to be wasteful or fraudulent.

Performance Standards:

Performance standards are not specified for this procedure.

Path of Business Procedure:

Step 1: During new Medical Services staff member orientation the Medical Services operations manager will provide new Medical Services staff member with overview of the Federal false claims act, civil monetary penalties and whistleblower protections.

Step 2: The handout Fraud and Abuse Legal Reference Overview will identify false claims components for reporting and will be reviewed by all Medical Services staff member.

Step 3: Annually the director will arrange for education on detecting fraud, abuse and actions required by all Medical Services staff member.

Step 4: Upon identification of any suspected fraudulent provider or facility practice, the review Medical Services staff member will immediately notify management. Examples of suspicious practices include:

- a. Upcoding of services or procedures
- b. Requesting unnecessary tests or procedures
- c. Billing for services not provided
- d. Documented services not provided
- e. Billing for services separately that should be bundled together

Step 5: The situation will be discussed with the Medical Services operations manager and the Medical Services director.

Step 6: Medical Services staff member may request medical records to substantiate concerns.

Step 7: The MMD will review and approve to substantiate the suspected fraudulent practice through a review of medical records and claim files.

Step 8: Medical Services staff member will cooperate with the Office of Inspector General, State program audits or other state or federal directed reviews by providing all requested records within the requested timeline.

Step 9: Medical Services staff member reporting concerns in good faith shall receive whistleblower protections provided by state and federal law.

- a. Providers suspected of abuse and/or misuse will be reported to the Program Integrity (PI) Unit at IME.
- b. Provider and members identified as perpetuating fraud are reported to the Medicaid Fraud Control Unit.
- c. Medicaid members identified as abusing Medicaid services will be forwarded to the Member Services unit for a Lock-In program enrollment decision.

Step 10: The summary of the findings will be documented.

Step 11: The Medical Services operations manager will notify the appropriate entity and the Medical Services unit manager.

Forms/Reports:

Medicaid Fraud and Abuse Legal References

Definitions

U.S. Code; Title 31, Subtitle III, Chapter 37, Subchapter III-3729

False claims may include:

1. Knowingly* presents a false claim for payment or approval to the government.
2. Knowingly* makes or uses a false record to get a false claim paid or approved by the government
3. Conspires to defraud the government by getting a false claim allowed or paid.
4. Has possession or control of government property and willfully conceals or delivers less property for which a person receives a certificate or receipt.
5. Authorized to make or deliver government property makes or delivers a receipt without completely knowing that the information on the receipt is true.
6. Knowingly* buys or receives public property from government person who may not lawfully sell the property.
7. Knowingly* makes or uses a false record that avoids or decreases an obligation to pay the government.

Civil penalty is not less than \$5,000 and not more than \$10,000. The penalty also includes three times the amount of damages the government sustains.

*Knowing or knowingly means that a person has actual knowledge of information; acts in deliberate ignorance of the truth or falsity or acts in reckless disregard of the truth or falsity of the information.

US Code; Title 42, Chapter 7, Subchapter XI, Part A, 1320a-7e

False claims for Part A may include:

1. Knowingly presents claim that is false.
2. Knowingly presents a claim for a physician service not provided by a licensed physician or provided by a physician misrepresenting credentials.
3. Claims for services provided when provider was excluded from services.
4. Claims for a pattern of services that are not medically necessary.
5. Giving false information regarding inpatient services expected to influence discharge.
6. Person excluded from participation retains ownership or control of an entity that is participating.
7. Person who offers money to eligible individual that is likely to influence of services from a particular provider.

Civil penalties not more than \$10,000 per violation; \$15,000 for each individual to whom false information was given; \$10,000 per day excluded relationship occurs and assessment of no more than three times the amount for each item or service.

False Claims for Part B may include:

1. Hospital inducing provider to reduce or limit services under part A or B.
2. Physician who knowingly accepts payments to reduce or limit services.

Civil penalty \$2,000 per patient for which payment is made.

RFP Reference:

N/A

Interfaces:

IME Program Integrity

Attachments:

N/A

MED - Administrative Functions Internal Quality Control

Purpose: To ensure consistency of quality work and inter-rater reliability on review decisions. Each review program has quality indicators that are specific to the program and IQC review is completed using program specific tools. Statistically significant samples are calculated for each program based on the number of reviews completed in the previous year. Sample size is revisited and recalculated by the statistician annually. The IQC results are aggregated and reported to DHS quarterly.

Identification of Roles:

Medical Services Operations Manager or Lead Review Coordinator (RC) – Coordinate the selection of cases for internal quality control review and distributes assignments per program operational procedures. Facilitate remediation as required and compiles IQC results per operational procedures. Report quarterly data.

Medical Services Review Coordinator (RC), Quality Improvement Facilitator (QIF), Project Assistant (PA) and Review Assistant (RA) – Complete internal quality control reviews as assigned.

Medical Services Designated Program Specialist – Compile aggregated IQC report quarterly for the DHS quarterly narrative report.

Medical Services Operations Manager/Director – Proof quarterly report and reports IQC results at quarterly Quality Management Committee meeting.

Performance Standards:

Performance standards are not specified for this procedure.

Path of Business Procedure:

Step 1: The Medical Services operations manager or designee makes selection of cases for IQC and distributes assignments following each program's specific procedures. See each program's IQC procedure.

Step 2: The IQC reviews are completed on the previous month's reviews.

Step 3: The quarterly reports cover the review results from the previous quarter. For example the quarterly report due in October will have the IQC results from April through June.

Step 4: The Medical Services operations manager or designee reviews and tabulates IQC results. When inconsistencies in review decisions are identified, the Medical Services staff member involved in the IQC review discuss differences and questions they may have about the review decision.

a. Peer to peer resolutions are tracked and reported.

b. If Medical Services staff member are unable to resolve issue(s) the case is referred to the Medical Services operations manager for remediation.

Step 5: The number of cases reviewed and the number of cases that do not meet 95 percent agreement must equal the number of peer or manager resolution as displayed on the quarterly report format pictured below.

Step 6: IQC results are entered by each Medical Services operations manager on the spreadsheet located at MEDSRV_RPT/Quarterly Workbooks/FY IQC. Entries are made on each month's page. Entries must be up to date in time for review for the quarterly report to DHS.

Forms/Reports:

IQC results for quarterly report

Medical Services Program	Quarter (Month through Month	Quarter (Month through Month	Quarter (Month through Month	Quarter (Month through Month	Year to Date
Program Name					
Number of Cases Reviewed					
Possible Points					
Actual Points					
Number of reviews greater than 95% in agreement					
Number with peer resolution					
Number with Manager resolution					

RFP Reference:

6.1.3.1

Interfaces:

N/A

Attachments:

N/A

MED - Administrative Functions - Reports

Purpose: To ensure timely and accuracy of required reports. The following chart summarizes the reports by type that are specified as contract deliverables. In addition to these reports DHS may request ad hoc reports as needed to define quality of care concerns, process or care improvement opportunities or benefit or coverage decisions.

Report Summary

Report	Description
Quarterly Narrative Report	Quarterly description of programs, review activity for utilization and quality review, special projects and programs
Annual cost savings report	Report of cost savings/cost avoidance calculated due to utilization activities
Ad Hoc Program Reports	Clinical or review requested by the Department
External Quality Review Reports	Report of review findings for onsite review of the Iowa Plan within 30 days of the review.
Clinical Advisory Committee (CAC) Report	Annual summary of the CAC activities and recommendations.

Identification of Roles:

Medical Services Programmer – perform data queries as directed

Medical Services Program Specialist – Compile reports and posts within timeliness requirements

Medical Services Operations Manager – compile review activity reports within timeliness requirements for quarterly report

Medical Services Director – review quarterly and annual report prior to submission.

Performance Standards:

Quarterly and annual reports will be submitted as defined in each program's operational procedure. Reports are due to the Department within 10 business days of the previous quarter or year.

The contractor will provide annual performance reporting no later than October 15 of each contract base and option year for the state fiscal year (SFY) that ended in the prior month of June. The contractor will present the required data in Department-approved format and content for the [unit's] annually reported performance standards.

Path of Business Procedure:

Step 1: Medical Services operations manager follows details for data queries within each program's operational procedures.

Step 2: Medical Services operations manager compiles data for quarterly report in response to program specific performance standards and cost savings data for the annual report. Provides outcomes to Program Specialist within required timeframes.

Step 3: Medical Services program specialist completes quarterly and annual reports and forwards to directors for review within specified timeframes.

Step 4: Medical Services director reviews reports and ensures accuracy. Returns corrections to Medical Services program specialist.

Step 5: After receiving confirmation, Medical Services program specialist posts report on IME Universal within specified timeframes.

RFP Reference:

6.1.3.1

6.1.3.4.3

Interfaces:

ISIS

OnBase

MQUIDS

Attachments:

N/A

MED - Administrative Functions - Clinical Advisory Committee

Purpose: Medicaid Medical Director recruits a panel of Medicaid providers to serve as clinical advisors to the Medicaid program. The panel includes a variety of providers including physicians, physician assistants, and ARNPs. Procedures ensure timely completion and accurate summary of Clinical Advisory Committee (CAC) program activities and recommendations.

Identification of Roles:

Medicaid Medical Director (MMD) – Determine the CAC agenda, facilitates four quarterly meetings each year and ensure accurate documentation of the committee's deliberations.

Medical Services Account Manager– Oversee the production of the annual report summarizing CAC activities and recommendations.

Medical Services Project Assistant (PA) – Send notices to CAC members, media and stakeholders; takes and distributes meeting minutes; compiles report and disseminates once approved by the Medical Services Account Manager by October 15, following the end of the fiscal year.

Performance Standards:

Performance standards are not specified for this procedure.

Path of Business of Procedure:

Step 1: The MMD compiles the agenda 30 days prior to the quarterly meeting. MMD collaborates with presenters to ensure a smooth flow of information and planned discussion.

Step 2: PA sends the agenda and all preliminary review materials to CAC members to arrive 30 days prior to the scheduled meeting. The agenda is posted at the DHS website, the IME lobby and the DHS Calendar.

Step 3: A representative from eight medical societies is notified of the upcoming CAC meeting:

- a. Polk County Medical Society
- b. Iowa Osteopathic Medical Association
- c. Iowa American Academy of Pediatrics
- d. Iowa Academy of Family Physicians
- e. Iowa Chiropractic Society
- f. Iowa Health Care Association
- g. Iowa American College of Physicians
- h. Iowa American College of Obstetrics & Gynecologists

Step 4: PA completes a newspaper notice containing the date, time and location as well as the agenda items and faxes it to the Des Moines Register Legals 10 days prior

to the CAC meeting. The Register returns a tearsheet of the ad and sends the invoice directly to Telligen Finance.

Step 5: The MMD facilitates the meeting in accordance with Iowa's open meeting laws.

Step 6: The Medical Services project PA to the MMD for review and approval.

Step 7: Once approved the minutes are posted on the DHS website and sent to CAC members.

Step 8: An invoice is sent to Telligen Finance for reimbursement of CAC members for travel mileage, criteria review time and meeting attendance.

Step 9: The Medical Services account manager compiles the CAC program activities report for dissemination by the first of October following the end of the fiscal year. See procedure on reports.

Forms/Reports:

SFY YEAR Annual Report

RFP Reference:

6.2.1.2

URAC Standards

HUM 1

Interfaces:

N/A

Attachments:

N/A

MED - Administrative Functions – Receiving, Documenting and Responding to Complaints

Purpose: It is the policy of Medical Services to document and follow-up on any complaint received from an external entity. A complaint is defined as a verbal or written expression of dissatisfaction with or a perceived lapse in quality of care resulting from actions by Medicaid members, Medical Services staff members, payers, providers or other entities affecting the medical services review process and services.

Medical Services staff members acknowledge complaints are an opportunity to evaluate processes to enhance procedures and improve customer service.

All Medical Services staff members are expected to provide excellent customer service when interacting with Medicaid members, providers, IME vendors, DHS and other external stakeholders who are expressing concerns.

Medical Services staff member will gather enough information to ensure an accurate understanding of the issue is available to review. If Medical Services staff member is unable to resolve the complaint, the Medical Services staff member will consult with their Medical Services operations manager prior to completing the complaint form.

Identification of Roles:

Medical Services Staff Member– receive and document complaints.

Medical Services Operations Managers – consult with Medical Services Staff Members regarding documentation if required; ensure appropriate follow up to complaints

Medical Services Directors – review complaints, consult with staff regarding documentation if required, provide data at quarterly Quality Management Committee meetings

Performance Standards:

Performance standards are not specified for this procedure

Path of Business of Procedure:

Step 1: When a complaint is received, the Medical Services staff member receiving the complaint will complete the electronic complaint spreadsheet located on the Med Srv drive/ /Complaints, Compliments and Safety Concerns/YYYY/Complaint Log YYYY. Instructions for completing the spreadsheet are on the last tab.

Step 2: Medical Services staff member will also complete documentation on the complaint form saved in the same folder. The naming convention for the complaint form is program_name of complainant_date.

Step 3: The Medical Services staff member will email the appropriate Medical Services operations manager within one business day of receipt of the complaint.

Step 4: The Medical Services staff member or Medical Services operations manager may contact the complainant to obtain additional information or clarification within one business day of the receipt of the complaint.

Step 5: If the complaint is about another unit within IME and Medical Services is unable to address the concern, the Medical Services staff member will send the complaint form to their Medical Services operations manager.

Step 6: The Medical Services operations manager will forward the complaint to the appropriate unit and inform the complainant of the next step in the process.

Step 7: If the Medical Services operations manager is unable to resolve the complaint to the satisfaction of the affected party(ies), the matter will be referred to the Medical Services director.

Step 8: The Medical Services director may provide assistance with client notification and determination of resolution.

Step 9: Complaints must be resolved within five business days from the date the complaint was received. Resolution will have verbal notification unless otherwise requested.

Step 10: A written response is provided upon the request of the complaining party.

Step 11: All complainants will be offered the information needed to appeal to the Department Policy Staff if they wish to pursue their complaint beyond the Medical Services unit.

Instructions for filing formal appeals of adverse decisions and requesting exceptions to policy can be found at <http://www.dhs.state.ia.us/>.

Step 12: The Medical Services operations manager and/or director will complete the complaint log and complaint form with the resolution status, date of resolution and initial the entry.

Step 13: The complaints are discussed at the Medical Services management meetings and at the quarterly compliance management meetings.

Step 14: Complaints are provided to DHS, clients or other authorities upon request.

Forms/Reports:

Date of occurrence	Date complaint received	Staff member reporting	Manager reported to	Date reported to manager	Type of complaint: Internal /External	Complainant name and contact information (full name, phone #, organization)	Description of complaint	Date of first contact back to complainant

RFP Reference:

N/A

URAC Standards

Core 12, 35 and 37

Interfaces:

N/A

Attachments:

N/A

MED - Administrative Function - Customer Satisfaction as Evidenced by Compliments

Purpose: Customer and consumer satisfaction may also be demonstrated through compliments as well as complaints. Compliments provide feedback about effective strategies in customer service.

Identification of Roles:

Medical Services Staff Member – document compliments on the tracking spreadsheet.
Medical Services Operations Manager monitor complaint log

Medical Services Directors – review compliments and report quarterly to the Telligen Quality Management Committee; provide customer satisfaction feedback at weekly management meetings and monthly Limelight meetings.

Performance Standards:

Performance standards are not specified for this procedure.

Path of Business Procedure:

Step 1: Medical Services staff member will document compliments received on the tracking spreadsheet located at MedSrv/Complaints, Compliments and Safety Concerns/YYYY/Compliment Log.

Step 2: Medical Services operations manager will review log to ensure compliment is appropriately acknowledged.

Step 3: Medical Services director will provide compliment data at quarterly Quality Management Committee meetings.

Step 4: Medical Services operations managers and directors will share compliment results with Medical Services staff members as examples of effective customer service.

Forms/Reports:

Compliment Tracking Spreadsheet

Name and Contact Info of Complimentor	Date Rec'd	Dept	Subject	Name of Person Compliment is about (if applicable)	Date external compliment was forwarded (if applicable)	Description or background (if needed)	Compliment Acknowledged

RFP Reference:

NA

URAC Standards

Core 39

Interfaces:

N/A

Attachments:

N/A

MED – Administrative Functions - Peer to Peer Consultation

Purpose: Medical Services encourages exchange of information between providers, MMD and peer reviewers regarding the health needs of members. To facilitate this process Medical Services offers peer to peer consultations. This is critical when requested services have been reduced or denied by a peer reviewer.

Identification of Roles:

Medical Services Project Assistant (PA)– provide program support.

Medical Services Review Coordinator – complete the initial clinical review, prepare information for peer review and facilitates peer to peer conversation.

Medical Services Operations Manager – ensure documentation of peer to peer conversation is completed .

Performance Standards:

Performance standards are not specified for this procedure.

Path of Business Procedure:

Step 1: Medicaid providers may request a peer to peer consultation with the peer who made the adverse medical necessity decision. They are informed of this option through Notice of Decision letters and through the IME provider website, Important Provider Announcements at <http://www.ime.state.ia.us/Providers/index.html>.

The request may be made via any Medical Services staff member. Medical Services staff member receiving the request must notify the manager or their designee.

Step 2: After receiving the request, the RC will contact the provider requesting the peer to peer to arrange consultation within one business day of the request.

Step 3: The RC schedules the conference call and notifies all parties. See procedure under MED - Administrative Functions - Health Literacy, Language/ Telecommunications Device for the Deaf Line and Conference Calls, Step 5.

Step 4: The RC facilitates the call and discussion and completes the Peer to Peer Conference Call documentation form.

Step 5: The RC enters the peer to peer conversation in the tracking log. Both template and log are located in the Med Srv drive in the Peer to Peer folder.

Step 6: Once the Peer to Peer conference Call form is completed it will be attached to the case file in OnBase.

Forms/Reports:

Peer to Peer Conference Call Form

Date Peer to Peer Requested:

Date of Call:

Member SID:

Facilitating Manager:

Attending Provider:

Peer Reviewer:

Adverse Decision and Service:

Attending Provider Concerns:

Peer Reviewer Response:

Outcome:

Follow up, if needed:

Peer to Peer Conference Call Log

Program	Conference call scheduled within 24 hrs of request (Y or N)	Member SID	Facilitating Manager	Attending Provider	Peer Reviewer	Documentation Completed (Y or N)	Notes

RFP Reference:

N/A

URAC Standard

HUM 15 and 16

Interfaces:

N/A

Attachments:

N/A